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AUDIT SUMMARY

INTEGRITY ♦ RELIABILITY ♦ INDEPENDENCE ♦ ACCOUNTABILITY

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CONNECT CARRE PROGRAM **MEDICAL ASSISTANCE PROGRAM - DEPARTMENT OF HUMAN SERVICES** PERFORMANCE AUDIT

We conducted a performance audit of the *Connect CARRE (Coordinated Assessment Referral Re-assessment Evaluation)* program administered by the Rhode Island Department of Human Services (DHS). *Connect CARRE* is a voluntary care management and wellness program aimed at assisting chronically ill individuals within the Medical Assistance Program. The program is designed to provide care management services to these individuals with the goal of reducing their utilization of emergency and inpatient hospital services. DHS has contracted the care management function of the program to a private health maintenance organization. Our audit focused on evaluating the current practices and procedures employed by DHS in administering the program with the objective of highlighting opportunities for improved efficiency and effectiveness.

Our audit covered the period from the inception of the program in November 2001 through our audit fieldwork in August 2003. As part of the audit, we reviewed all 105 participant files maintained by the *Connect CARRE* provider. This review mainly encompassed evaluating the program's current policies based on the information documented within these files.

DHS identifies individuals for the program through several sources and refers these individuals to the *Connect CARRE* provider to initiate the enrollment

process. We found several instances where individuals identified for participation in the program did not meet the stated criteria established for program recruitment. DHS needs to develop more comprehensive criteria to ensure that program recruitment is controlled and administered fairly throughout the Medical Assistance Program.

Immediately upon referring individuals to the program, DHS begins payment to the *Connect CARRE* provider. DHS incurred costs for considerable lengths of time for participants before enrollment was completed and care management commenced. Our review of participant files indicated the following enrollment statistics:

- ❑ 45% of the participants (47 out of 105) referred by DHS had not been formally enrolled at the time of our audit. The amount paid as of the time of our review for these individuals totaled \$75,825,

- ❑ For 36 of the 47 participants referred to above, the formal enrollment process exceeded 3 months. In 27 of these 47 instances, the enrollment process exceeded 6 months,

- ❑ Provider documentation included only attempted telephone contacts for 31% (33 out of 105) of the participants referred to the program. Ultimately, the provider did not enroll these individuals and the majority was subsequently deactivated from the program. The amount paid related to these cases as of the time of our audit totaled \$50,850.

In the majority of instances, formal enrollment was evidenced by the initial visit with the participant where the nurse care manager assesses their medical condition and overall needs and obtains consent for program participation. Controls should be improved to ensure timely enrollment in the program. A fixed enrollment fee or a maximum enrollment period should

Audit Highlights

- DHS incurred costs for considerable lengths of time for participants before enrollment was completed and care management commenced.
- Implement a fixed enrollment fee or a maximum enrollment period to compensate the provider for participant enrollment.
- Recover monthly premiums for cases where individuals were not immediately disenrolled upon refusing participation in the program.
- Improve program oversight to ensure that program objectives are being achieved and continually re-assessed.
- Develop appropriate criteria to demonstrate the cost effectiveness of the program.

be implemented to better control costs prior to actual commencement of care management services.

Nurse care managers develop care plans specific to each individual upon completing the participant's medical assessment during enrollment. Our review of file documentation found that the topics discussed between care managers and program participants during telephone contacts often had no relevance to the objectives outlined in the individual's care plan. In addition, we noted that participant files often contained no documentation regarding the patient's adherence to stated care objectives.

The primary service provided by the *Connect CARRE* provider is care management initiated by the nurse care managers. For example, these efforts should include contacting the participant and assessing their adherence to care plans developed by the nurse care manager. Based on our review of files maintained for the 58 participants that were successfully enrolled by the provider, we noted the following:

- ❑ 59% (34 out of 58) of enrolled participants had documented gaps of at least two months between attempted contacts from their nurse care manager,
- ❑ In 11 cases, gaps of six months or more between attempted contacts were noted.

A formalized care management process needs to be established between DHS and the *Connect CARRE* provider. This process should detail the expected actions required of nurse care managers. Without a formalized process, DHS will be unable to determine if participants are receiving adequate care management services.

As the program administrator, DHS is responsible for the oversight of the *Connect CARRE* provider. Our audit

found that DHS does not review the specific care progress of participants enrolled in the program. While DHS does review monthly statistics generated by the provider, no verification of this reported progress is made by DHS. Our report cites many instances where more effective program oversight will be necessary to ensure that *Connect CARRE* participants are receiving specified services and overall program costs are incurred for only those individuals benefiting from the program.

Additionally, since cost containment is one of the program's objectives, DHS needs to develop a mechanism to demonstrate the cost-effectiveness of the program going forward. DHS should formalize the accumulation of cost data for the enrolled population and outline appropriate comparisons to demonstrate cost effectiveness.

Other findings and recommendations address control over patient confidentiality, enrollment of individuals residing in long-term care facilities, and provider payment oversight.

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